

**NATIONAL TECHNICAL
REPORTS LIBRARY
INSTITUTIONAL IP ACCOUNT
REGISTRATION FORM**

Administrator Information* (please print or type)

CUSTOMER MASTER NUMBER (IF KNOWN)	DATE
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PRIMARY ADMINISTRATOR NAME

ORGANIZATION	DIVISION / ROOM NUMBER
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STREET ADDRESS

CITY	STATE	ZIP CODE
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PROVINCE / TERRITORY	INTERNATIONAL POSTAL CODE
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COUNTRY

PHONE NUMBER	FAX
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PRIMARY ADMINISTRATOR E-MAIL

SECONDARY ADMINISTRATOR NAME	PHONE
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SECONDARY ADMINISTRATOR E-MAIL

BILLING ADDRESS (if other than above) (please print or type)

CUSTOMER MASTER NUMBER (IF KNOWN)	DATE
-----------------------------------	------

NAME

ORGANIZATION	DIVISION / ROOM NUMBER
--------------	------------------------

STREET ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

PROVINCE / TERRITORY	INTERNATIONAL POSTAL CODE
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COUNTRY

PHONE NUMBER	FAX
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E-MAIL

OTHER CONTACT NAME	OTHER CONTACT PHONE
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AGENCY LOCATION CODE (ALC)**	TREASURY ACCOUNTING SYMBOL (TAS)**
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***Required information**
****Required for Federal Government**
(continued on next page)



NATIONAL TECHNICAL REPORTS LIBRARY INSTITUTIONAL IP ACCOUNT REGISTRATION FORM

**For Questions on filling out this form
contact the NTIS Subscriptions Department:**

8:30 a.m.–5:00 p.m., Eastern Time, M–F
Phone: 1-800-363-2068 or (703) 605-6060
FAX: (703) 605-6880 (24 hours/7 days a week)
E-mail: subscriptions@ntis.gov

**Send this completed form and a signed
copy of the NTRL “Terms and Conditions” to:**

National Technical Information Service
Subscriptions Department
5301 Shawnee Road,
Alexandria, VA 22312

NTRL 2014 Price Table

Effective October 1, 2014

	NTRL (U.S.)	NTRL (Foreign)
Institutional IP Access Up to 49 IP Addresses Annual Subscription	\$1,000	\$1,500
From 50 to 2999 IP Addresses Annual Subscription	\$2,000	\$3,000
From 3,000 to 9,999 IP Addresses Annual Subscription	\$3,000	\$4,500
From 10,000 to 20,000 IP Addresses Annual Subscription	\$4,000	\$6,000
Greater than 20,000 IP Addresses	Call for Price Quote	Call for Price Quote

NTRL Account Information* (please print or type)

FULL TIME EQUIVALENT (FTE)	DATE
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ORGANIZATION TYPE Academic ☐ Corporate ☐ Government/ Non-profit ☐

DOES YOUR ORGANIZATION CONTRIBUTE TO NTIS? Yes ☐ No ☐

METHOD OF PAYMENT (please print or type) *Prepayment Required

DO NOT ENTER YOUR CREDIT CARD NUMBER or DEPOSIT ACCOUNT NUMBER on this order form if you are faxing or emailing your order. To pay by credit card (MasterCard, VISA, American Express, Discover) or NTIS deposit account, please send the order and then call the NTIS Subscriptions Department.

☐ Check / Money Order enclosed for \$ _____
(PAYABLE TO NTIS IN U.S. DOLLARS)

Checks will be converted into an electronic fund transfer, see <http://www.ntis.gov/help/efp.aspx>.

Account IP Access* (client must provide)

Start IP Number	End IP Number	Maximum Concurrent	Proxy IP	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please attach IP Address list, if needed.

